



## **WANTED: PART-TIME CONTRACT WORKERS!!**

The City of Gautier is currently seeking two (2) part-time contract workers to provide general office duties at Shepard State Park in Gautier. These duties include, but are not limited to: bookkeeping, collection of fees, light janitorial duties and park monitoring. Other duties may be assigned as necessary.

The work period will be every other Friday afternoon, weekends, and state holidays when the park is open. (Contract Workers will alternate weekends) Applicants must meet the following criteria:

1. Must be at least 18 years of age.
2. Must have a valid Mississippi Driver's License
3. Must be willing to work Friday afternoons, weekends while the park is open, state holidays and other days as needed.

**Rate of Pay:** \$250.00 bi-weekly

Interested parties must complete an employment application with the Human Resources Department located at Gautier City Hall, 3330 Hwy. 90, Gautier, MS 39553. Applications are also available online at [www.gautier-ms.gov](http://www.gautier-ms.gov) and will be accepted 7:30 am – 5:00 pm Monday thru Thursday and 8:00 am – 12:00 noon on Fridays.

For more information on this employment opportunity or how to apply; contact the Human Resources Department at (228) 497-8000 or email [hr@gautier-ms.gov](mailto:hr@gautier-ms.gov).

The City of Gautier is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran or handicapped status. The City of Gautier will attempt to meet any reasonable request for accommodation in the hiring process in accordance with Title II of the ADA.

# CITY OF GAUTIER

3330 Hwy 90\* GAUTIER, MISSISSIPPI \* 39553-5124 \* TEL: 228-497-8000 \* FAX: 228-497-8028

*We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a medical condition or handicap, or any other legally protected status.*

## PLEASE PRINT OR TYPE \* PROVIDE ALL INFORMATION REQUESTED

|  |            |                          |        |
|--|------------|--------------------------|--------|
| Position Applied For (list only ONE per application)   |            | Date of Application      |        |
| Last Name  | First Name | Middle Name              |        |
| HOME ADDRESS: (STREET, CITY, STATE, ZIPCODE)   |            |                          |        |
| Daytime Phone #: _____   |            | Evening Phone #: _____   |        |
| Email (if checked daily):  |            |                          |        |
| Have you ever been employed with us before? <input type="checkbox"/> NO <input type="checkbox"/> YES DATES:                        |            |                          |        |
| Are you eligible to work in the United States? <input type="checkbox"/> NO <input type="checkbox"/> YES                            |            |                          |        |
| Are you registered to vote in the county in which you reside? <input type="checkbox"/> NO <input type="checkbox"/> YES             |            |                          |        |
| Do you have a valid driver's license? <input type="checkbox"/> NO <input type="checkbox"/> YES                                     |            | License #:               | State: |
| Commercial –Class:   |            |                          |        |
| Are you employed now? <input type="checkbox"/> NO <input type="checkbox"/> YES   |            | Date available for work: |        |
| Have you been convicted of a felony within the last seven (7) years? <input type="checkbox"/> NO <input type="checkbox"/> YES      |            |                          |        |
| <i>(Conviction will not necessarily disqualify an applicant from employment)</i>   |            |                          |        |
| If Yes, please explain.  |            |                          |        |
| Have you ever had any job-related training in the United States military? <input type="checkbox"/> NO <input type="checkbox"/> YES |            |                          |        |
| If Yes, please describe.   |            |                          |        |
| Do you have any relatives currently employed with the City of Gautier? <input type="checkbox"/> NO <input type="checkbox"/> YES    |            |                          |        |
| If yes, please give name(s) and relationship(s).   |            |                          |        |

**EDUCATION** If *you have a GED, please note last year of high school completed and date GED acquired.* You will be asked to provide diplomas, certificates, and/or official transcripts to document education and training.

| School  | Address | Course of Study | Diploma/Certification |
|---|---------|-----------------|-----------------------|
|   |         |                 |                       |
|   |         |                 |                       |
|   |         |                 |                       |
| Describe any specialized training, apprenticeship, extracurricular activities and honors received |         |                 |                       |

**EMPLOYMENT EXPERIENCE** Please begin with your present or last job. Include all employment history and any job-related military service assignments and volunteer activities. An additional sheet will be provided upon request. Resumes may be attached

|                    |                     |            |                    |       |                |
|--------------------|---------------------|------------|--------------------|-------|----------------|
| 1.                 | Employer            |            | Dates Employed     |       | Work Performed |
|                    |                     |            | From               | To    |                |
|                    | Address             |            |                    |       |                |
|                    | Telephone Number(s) |            | Hourly Rate/Salary |       |                |
|                    |                     |            | Starting           | Final |                |
|                    | Job Title           | Supervisor |                    |       |                |
| Reason for Leaving |                     |            |                    |       |                |
| 2.                 | Employer            |            | Dates Employed     |       | Work Performed |
|                    |                     |            | From               | To    |                |
|                    | Address             |            |                    |       |                |
|                    | Telephone Number(s) |            | Hourly Rate/Salary |       |                |
|                    |                     |            | Starting           | Final |                |
|                    | Job Title           | Supervisor |                    |       |                |
| Reason for Leaving |                     |            |                    |       |                |
| 3.                 | Employer            |            | Dates Employed     |       | Work Performed |
|                    |                     |            | From               | To    |                |
|                    | Address             |            |                    |       |                |
|                    | Telephone Number(s) |            | Hourly Rate/Salary |       |                |
|                    |                     |            | Starting           | Final |                |
|                    | Job Title           | Supervisor |                    |       |                |
| Reason for Leaving |                     |            |                    |       |                |
| 4.                 | Employer            |            | Dates Employed     |       | Work Performed |
|                    |                     |            | From               | To    |                |
|                    | Address             |            |                    |       |                |
|                    | Telephone Number(s) |            | Hourly Rate/Salary |       |                |
|                    |                     |            | Starting           | Final |                |
|                    | Job Title           | Supervisor |                    |       |                |
| Reason for Leaving |                     |            |                    |       |                |
| 5.                 | Employer            |            | Dates Employed     |       | Work Performed |
|                    |                     |            | From               | To    |                |
|                    | Address             |            |                    |       |                |
|                    | Telephone Number(s) |            | Hourly Rate/Salary |       |                |
|                    |                     |            | Starting           | Final |                |
|                    | Job Title           | Supervisor |                    |       |                |
| Reason for Leaving |                     |            |                    |       |                |

Please list any additional skills or qualifications that relate to your ability to perform the job for which you have applied such as licenses, software proficiency, professional types of machinery or equipment you operate, etc.

**REFERENCES (Do not include relatives)**

| Name | Address | Phone Number | Occupation |
|------|---------|--------------|------------|
|      |         |              |            |
|      |         |              |            |
|      |         |              |            |

I certify that all foregoing statements are complete, true and correct, and that I have not knowingly withheld any facts or circumstances that might, if disclosed, affect my application unfavorably. I understand that this employment application is not an employment contract. I understand that misrepresentation or omission of fact within this application is cause for rejection of said application, or termination, if discovered after I am hired.

I hereby authorize the City to investigate all statements contained in this application. I hereby authorize all previous employers, references, persons or entities that the City of Gautier may contact to furnish information concerning my personal character or employment records, and I release them from any and all liabilities or damages incurred as a result of furnishing this information.

I agree to submit to pre-employment drug testing and understand if hired I may be subject to future drug testing pursuant to the written policies of the City of Gautier. I understand and agree to a pre-employment review of my motor vehicle record; and if I am employed and operate City vehicles or similar equipment, to a periodic review of my motor vehicle record. I agree to conform to the rules and regulations of the City of Gautier.

I hereby understand and acknowledge that, unless otherwise defined by law, any employment relationship with this organization is of an *at will* nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time without cause or notice. It is further understood that this *at will* employment relationship may not be changed by any written document or by conduct. I understand that if I am offered and accept a job, the City of Gautier reserves and retains the right to make changes in the terms and conditions of my employment as the City of Gautier determines to be necessary or appropriate.

I hereby understand and acknowledge that this application shall remain valid for consideration for a period of twelve weeks from the date of this application. In the event I have not been contacted prior to expiration of the stated period, it will be necessary for me to submit a new application for consideration.

I hereby acknowledge that I have read the foregoing and understand the same.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Application Received \_\_\_\_\_ Date/Time \_\_\_\_\_



*City of Gautier*  
Office of Human Resources  
3330 Highway 90 • Gautier, MS 39553  
228.497.2539/ (Fax) 228.497.9984  
Email: [vbarnett@gautier-ms.gov](mailto:vbarnett@gautier-ms.gov)



### VERIFICATION OF PREVIOUS WORK EXPERIENCE

**Note to Applicant:** Complete this section and submit to your previous employer for verification of your work experience.

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_  
TO: \_\_\_\_\_ FROM: \_\_\_\_\_ (Applicant Name)  
COMPANY: \_\_\_\_\_ PREVIOUS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ (If applicable) \_\_\_\_\_

I have been requested to furnish verification of my service while in your employment. Please complete the section below and mail directly to the City of Gautier.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date(s) of employment

**Note to Previous Employer:** Please complete the information requested below and mail directly or fax to:

**City of Gautier**  
**Office of Human Resources**  
**3330 Highway 90**  
**Gautier, MS 39553**  
**Fax: (228) 497-9984**

Date of Employment: \_\_\_\_\_

Last Date of Employment: \_\_\_\_\_

*Please list below all positions held by the applicant while in your employment. If more space is needed please attach additional documentation.*

| Employee's Position/Title | Briefly describe duties of position | Date employee began position | Date employee ended position | Indicate if Full-Time or Part-Time Status |
|---------------------------|-------------------------------------|------------------------------|------------------------------|---|
|                           |                                     |                              |                              |   |
|                           |                                     |                              |                              |   |
|                           |                                     |                              |                              |   |
|                           |                                     |                              |                              |   |

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_